

DCS Child Abuse & Neglect Hotline

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Hotline- Purpose

• Provide:

- A central-point of contact for all child-abuse and neglect reports throughout Indiana,
- Enabling more consistent and effective management of these reports,
- Which supports one singular purpose:
- To help protect children from abuse and neglect in our state.





Many opportunities for improvement:

- More than 300 phone numbers to report child abuse/neglect.
- Each county had own process of taking reports:
 - varied by day, evening, weekend, etc.
- 92 different ways reports were analyzed:
 - Inconsistencies in determining if reports met legal sufficiency to conduct an assessment.
 - Inconsistencies in ensuring assessments were completed.



Opportunities continued:

- DCS received complaints about the reporting process
 - Lacked an internal mechanism to track and resolve those issues.
- Staff expertise and knowledge in taking reports varied
 - 92 different counties, lack of consistency in staff qualifications.
- No uniform training for staff on how to answer incoming calls of abuse or neglect.
- No uniform training for how to gather appropriate information from reporters/callers.



Impact of Former System:

- Inconsistencies in gathering and analyzing reports:
 - Interferes with the ability to make good decisions regarding next steps in a case.
- Inability to track trends of incoming call volume:
 - Created challenges for staff to focus on the children and families currently on their caseloads.



Impact of Former System:

- Lack of uniform report in-take process:
 - Staff unaware of potential dangers when initiating an assessment
 - animals, weapons, volatile situations
- Partners who answer after-hours calls:
 - Did not have a consistent means of transferring assessments to DCS on-call staff in a timely fashion.



Hotline Development



Hotline Development

Midwest Child Welfare Implementation Center

- Provided oversight, planning and expertise from a national perspective.
- Provided a work and logic model to follow throughout a two year process.
- Helped financially fund some of the technical support.
- Provided implementation assessment.



Hotline-Today



Hotline- Today

- One single point of entry for all reports of abuse and neglect.
- Staffed by 80+ specially trained family-case managers known as intake specialists:
 - Receive 12 weeks of training before taking calls.
 - Very similar training to family-case manager roles.
 - Staff Hotline 24/7/365.



Hotline- Today

- A comprehensive intake guidance tool that allows specialists to gather as much information as possible from the report source.
- Structured decision process (tool)
 - Developed by Child Research Center.
- Supervisor on staff 24/7/365 to provide consistent oversight, direction.



Hotline- Today

- Consistent process for schools, law enforcement, medical professionals and others to make reports/secure timely response to allegations of abuse and neglect.
- Special call-in code for law enforcement:
 - Enables a quick response when dealing with emergencies.
- Statewide database for all services and supports to respond to information and referral calls.



Impact in Helping Children



Hotline Impact

Impact in Helping Children:

- Ability to provide field professionals immediately with known facts in emergency situations (i.e. arrival on-scene, etc.)
- Identifying appropriate referrals to medical professionals.
- Ability to record all phone numbers and calls.
- Data tracking and quality assurance.



Hotline Impact

Impact in Helping Children:

- Better documentation regarding:
 - Worker safety issues, domestic violence, mental health, substance abuse.
- Increases the opportunity for field FCMs to spend time partnering with families and children.
- Provide an additional means for families involved with DCS to contact DCS at anytime of the day.



Hotline Impact

Impact in Helping Children:

- More than 272,000 reports of child abuse or neglect received since implementation in 2010.
- Calls answered promptly:
 - Law enforcement answered in 1.5 minutes (on average).
 - General calls answered in less than 3 minutes (on average).
 - 50 percent of all calls answered in less than 30 seconds.
- More than 76,000 assessments conducted in 2011:
 - Indiana conducted more assessments than other states, on average.
- More than 90,000 families assisted in 2011.



How it Works



Call 1-800-800-5556

After a prompt:

- Caller connected to Intake Specialist (IS):
 - Listens and asks questions using intake guidance tool.
 - If child is in imminent danger, directs calls immediately to 911 or law enforcement.
 - Law enforcement can arrive on the scene sooner, has authority to intervene immediately.
 - Captures report information.
 - Uses, training, decision guide and supervisor input to determine next steps.



Intake Specialist will ask questions about:

- Child's current safety.
- Current circumstances and identifying information about child/family:

Names of Children Involved	Ages of Children
Parent/Guardian/ Custodian's Name	Addresses and Phone Numbers
Substance Abuse Issues	Domestic Violence
Mental Health Concerns	Weapons in the Home



Anonymity:

Callers are not required to share their name, phone number or other identifying information.

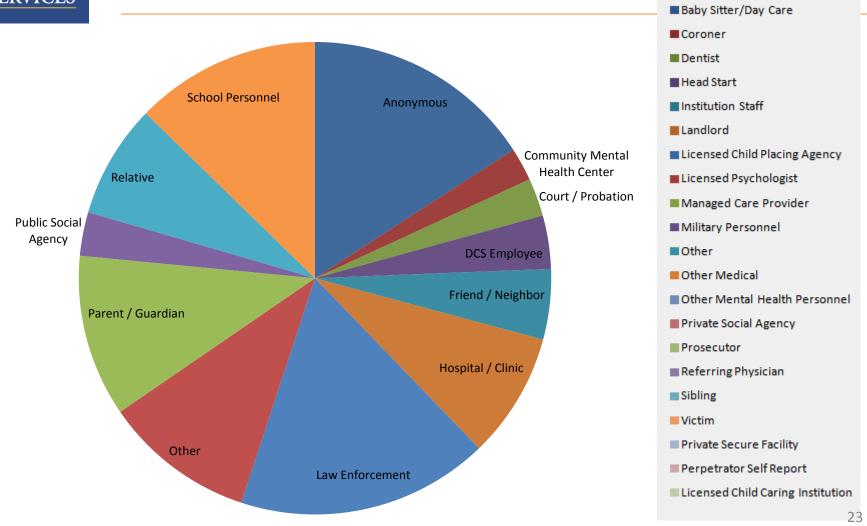
However, this information can be helpful to the familycase manager who may respond to the call as it allows them to follow up with the caller to clarify information.



After the call:

- After collecting responses to the questions, the Intake Specialist will complete an official intake report.
- A thorough review of any known CPS history with the family is completed at that time and included in the report.
- The Intake Specialist reviews the allegations as described and determines the next steps.







Action

According to Indiana law, certain criteria must be met before an FCM can be dispatched to a home:

- If the allegations **meet** any or all of those standards, an FCM *in the county where the incident occurred* will be assigned to complete a thorough assessment.
 - Depending on the situation, responses occur in:
 - IMMEDIATE/1 hour (imminent danger)
 - 24 hours
 - 5 days
- Any calls with similar allegations to a current assessment /open case with a family:
 - Referred immediately to the FCM or supervisor for follow.



Non-Assessments

Calls that lack "legal sufficiency":

- If the allegations **do not meet** those standards, action can still ensue:
 - DCS can refer the caller to prevention services and resources.
 - All reports including those not sent for assessment are reviewed 24/7/365
 - Hotline supervisor.
 - Local office director can review non-assessed reports daily or reverse the decision.
 - Local Child Protection Teams can review all for their local community and request the decision be reversed.
 - A random selection of non-assessment calls will still be reviewed weekly by a DCS internal statewide committee.



Opportunities for Further Growth and Development



Concerns

Some local communities have expressed concerns regarding:

- Wait times.
- Location of hotline staff.
- LEA not having the ability to contact the local office directly when they need immediate response.
- Concerns regarding our decision not to assess some reports called in by professional report sources such as schools, doctors / hospitals, etc.



Change

Changes already in progress to address concerns:

- Local Child Protection Teams have the option to review all non-assessments.
- Local office directors and/or designee will review all nonassessments.
- LEA may contact the local office directly should they require immediate assistance.



Additional Suggestions for Your Consideration

- Hire an additional 50 Intake Specialists to be located throughout the state (concern re: wait times).
- Two Part Solution to address wait times, location of hotline staff and assigning of certain categories of professional reports
 - 1. Hire an additional 92 worker with at least 1 intake specialist located in every local office to respond to calls during the business day;
 - 2. Hire an additional 100 new family case managers to allow us to assess all reports made by certain types of professional reporters such as school personnel and the medical community

One Child, Two Worlds: Where Do I Fit? How Do I Fit?

